L21000352114

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

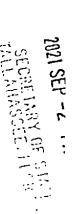
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COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
~ • • • • •	. cm	. 502 LAWN AN	D MAINTENANCE LLC	•
SUBJE	CT:	Name of Lim	ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			ELSA T. RECINOS	
			Name of Person	
		502 LA	WN AND MAINTENANCE LLC	
		1- (- 100-)	Firm/Company	
			13752 SW 169 LANE	
			Address	 -
			MIAMI, FL 33177	
			City/State and Zip Code	
			YRECINOS@HOTMAIL.COM o be used for future annual report notification)	
For fur	ther information co	ncerning this matter, please co	·	
ELSA	T. RECINOS		786 478-2363	
	Name of	Person	Area Code Daytime Telepho	ne Number
Enclos	ed is a check for the	e following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Solution of Color P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

2021 SEP -2 PM

502 LAWN AND MAINTENANCE LLC

SECRETARY OF TALLAHASSEE, F

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _	JULY 31, 2021	and assigne
Florida document number L21000352114		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name	e of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
Enter Fl	orida street address	
	Florida	Zip Code
City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
MGR	EDSON RECINOS	13752 SW 169 LANE	= Add
		MIAMI, FL 33172	□Remove
			□Change
			□Add
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If an offective d Note: If the		ic and cannot be prior to not meet the applicab	date of filing or more than 90 days after file statutory filing requirements, this of	ling.) Pursuant to 605
e record speci rd is filed.	ifies a delayed effective date, bu	nt not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day afte
Dated	AUGUST 28	2021		
	6/		yed representative of a member	
	Signature	The state of surnon	дел терископа ніуе от а тістрег	
		ELSA T. RE	CINOS	
		Typed or printed	name of signee	_

Filing Fee: \$25.00